

**THE SYSTEM EMPLOYED BY THE TRAINED NURSE
IN THE SCHOOLS OF PHILADELPHIA**

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FREQUENT inquiries by nurses, teachers, and school authorities of other cities, as to the method of work of the school nurse in Philadelphia, allow me to welcome this opportunity to write this article on the subject. The success of such undertakings depends mainly on two things: first, on the thoroughness and practicability of the system employed, and, second, on the abilities of the persons performing the work. Medical inspection of schools, with trained nurses to supplement the work, is a distinct profession that requires physicians and trained nurses who are not only capable and conscientious in their work, but they must be charitable, gentle, patient, and sympathetic, and yet firm. They must possess tact and resourcefulness. Again, where one is brought in contact with a foreign population, success is better assured if they can understand and speak the language. While medical inspection and the work of the trained nurse are similar in all cities, the system employed in Philadelphia differs from the others in details, which gives it a practical and distinct system of medical inspection with a trained nurse.

The nurse's work is subdivided into two closely related parts, the work in the schools, and that out of school (at homes and dispensaries). The nurse is capable of attending to five schools with an average attendance of five thousand children. All new cases are first seen by the medical inspector, and then referred to the nurse, with instructions for treatment. These cases are furnished to the physician through two sources. The teachers recognize and send to him each day such cases of suspicious contagious disease, skin disease, or other ailment, that require immediate attention. Again, many cases of defective vision or hearing, adenoids or orthopedic defects, are found by the physician in his thorough individual examination of each child in the school. For each scholar requiring the attention of the nurse, the inspector fills out a card. This nurse's card contains the name and address of the scholar, the class, date, and treatment recommended. The physician and nurse visit each school daily at a stated time. These nurse's cards are left in the office of the principal, where the nurse daily receives the cards of the new cases. Each school, in a small room set aside for the purpose, has a drug closet containing the necessary supplies for treatments in school. The nurse also carries with her in a bag such drugs as she needs for home treatments.

On arriving at a school, the nurse sends first for the new cases, records their names on a daily record card, and outlines her course of

treatment. She decides whether the case requires treatment at school only, or also at home. The old cases under treatment are next sent for, separately, and returned to their class-room as soon as treated. This method causes the least confusion and loss of time to the scholar. Records are kept of the dates of treatment of each case, and the date of cure. If a child needs treatment at school, it is given a paper which is to be signed by the parent. This paper states that there is no family physician in attendance (for various reasons), they are unable to employ a physician, and desire the school doctor and nurse to take care of the case. This paper, when signed, avoids any misunderstanding on the part of the doctor, nurse, family physician, or parents. It also helps to obtain the coöperation of the parent. The methods of treatment are somewhat routine. Cases of pediculosis or uncleanness are given a circular of printed instructions on how to clean the scalp of lice or nits. These circulars are very simple in their method outlined. It advises the use of two articles found in every household, sweet oil and kerosene, and requires little expense. If the printed instructions sent home with the child have not produced the desired results, the nurse visits the home, and questions the parent as to how she followed instructions, and, if necessary, gives a personal demonstration. A constant supervision is kept by the nurse over the cleanliness of the scholars. Each day, after she has finished the important work, she goes through one or more class-rooms, observing the condition of each child. This method creates no interruption of the work of the class, as the teacher continues with her lesson, while the nurse quietly goes through the class, noting which children require attention.

Cases of defective vision are diagnosed by the medical inspector, and the list of names and addresses is furnished to the nurse. She visits their homes and impresses on the parents the necessity of immediate treatment by their physician or a dispensary. No excuse for non-treatment is accepted. If the parents are too poor to furnish the necessary glasses, and the nurse has ample proof of such condition, she devises some means of obtaining the glasses. For these cases we have a fund set aside. If possible, we ask the parents to pay a small sum—fifty cents or a dollar—towards the expense. The nurse tries in every way to prevent the case becoming a charity. Occasionally the parents pay a trifle each week until they have paid for the glasses, and in the meantime the sum is advanced from the fund. These cases require considerable persuasion and diplomacy on the part of the nurse. However, the permanent and excellent results more than repay for the energy spent. To transform a dull, stupid child who is an innocent sufferer into a bright, keen, and happy scholar is the greatest charity I can imagine.

FORM 1

Mrs.

Your child

attending.....

needs medical attention, for

School,

Kindly send him (her) at once to a doctor. If you cannot afford, or for any other reason, you desire him (her) to be attended by our school doctor and nurse, sign your name below, and return this paper, to school.

Medical Inspector.

To Mr.

Principal of School.

Dear Sir:

I desire that my child be attended by the doctor and nurse, of the school.

Signed,

(Printed Also in Jewish.)

FORM 2

RECOMMENDED FOR TREATMENT

SCHOOL

SECTION__

NAME _____

ADDRESS

CAUSE _____

DATE OF RECOMMENDATION

 REFERRED TO { PHYSICIAN
DISPENSARY } OR NURSE
HOSPITAL

RESULT _____

DR. S. W. NEWMAYER,
MEDICAL INSPECTOR

FORM 3

SCHOOL	Name	Age	CLASS NO. Residence
Date 1st Visit.....			
Condition of Child			
Treatment.....			
Date 2nd Visit.....			
Condition of Child			
Treatment.....			

District Nurse

Date 3d Visit.....		
Condition of Child		
Treatment.....		
Date 4th Visit		
Condition of Child		
Treatment.....		
Date 5th Visit		
Condition of Child		
Treatment.....		
Case Dismissed.....	Cured.....	Improved.....
Unimproved.....	Dead.....	

FORM 4

GRADE CLASS	SCHOOL SECTION	LOCATED	NAME	DISEASE	DATES OF TREATMENT	Total No. of Treatment	DATE OF CURE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

NURSE

A. A. CAIRNS, M. D.,

FORM 2

CHIEF MEDICAL INSPECTOR.

Dear Sir:—**The following is a weekly report of Nurse of Schools of Fourth Section.**

WEEK ENDING		DISEASES FOR WHICH PUPILS ARE TREATED																
Date	Schools Visited	Old Cases	New Cases	Cured	Visit to Homes	Taken to Dispens.	Pediculosis	Ac. Conjunctivitis	Scabies	Ringworm	Impetigo	Favus	Eczema	Pust. Dermatitis	Inf. Wounds	Defect Vision	Miscellaneous	TOTALS
					Old	New	Old	New										
Monday																		
Tuesday																		
Wednesday																		
Thursday																		
Friday																		
Saturday																		
Totals																		
Total number of cases cured																		

FORM 3

CASES TREATED AT HOMES

Date	Name	Address	Disease

CASES TAKEN TO DISPENSARY

Date	Name	Disease

Cases of ringworm are dressed with carbolated collodion, and impetigo is treated with an antiseptic and healing ointment. These cases can then be kept at school without any danger of infecting classmates. Acute conjunctivitis is treated with a solution of boric acid and biborate of soda; also a silver preparation, such as argyrol, is sometimes used. Bad cases are sometimes treated with a weak ointment of the yellow oxide of mercury.

Pustular dermatitis of the scalp is readily gotten under control by cleansing with tincture of green soap and applying an antiseptic ointment.

Printed instructions of treatment, and recommendations to the parents, are also printed in Jewish for parents who are unable to read English. These circulars in foreign languages are very valuable in sections of the city populated by the foreigners.

Home visits, and the taking of cases to the dispensaries, are an important phase of the work, as they include those cases which are very bad, or which would for various reasons receive no attention from the parents. By the nurse's attention and influence at a home, a child receives the immediate treatment from the family physician or is taken to a dispensary. Occasionally a parent, for some good reason, cannot take a child to a dispensary. Here the nurse solves the problem by taking the child for necessary treatment after school hours. These visits at the homes not only accomplish their immediate object, but oftentimes succeed in causing radical changes in the homes as to the manner of living. It is astonishing how the nurse wins the confidence and respect of the parents. To explain the recommendations in each case, and how the nurse accomplishes results, would take more than a short paper. This can best be illustrated by taking examples of a few recent cases. In those cases of girls with long, flowing hair and unclean scalps, where repeated washings have made little impression on the case, the parent is appealed to to have the hair cut short. This ends the trouble.

In one of the schools the medical inspector found a boy with cleft palate and harelip. An incoherent speech, a snuffling noise, and a dribbling of saliva made the poor boy a burden to himself, and a disgusting sight to his classmates. The nurse visited the child's home repeatedly, and urged the parents to have the child operated on. The nurse took the boy to a dispensary, and received the promise of the best available services for an operation. Repeated visits, firmness, perseverance, and considerable tact won for her the consent of the parents to this necessary operation.

A girl of twelve years, in the second grade, on examination, proved

to be deaf, and with speech so defective as to make her almost dumb. The nurse was instructed to take the child to a clinic where she could have the services and advice of a specialist. There was found a large bony growth in the back of the nose. This tumor so obstructed the nose and the passage to the ear as to account for the absence of hearing and the defective speech. Here again the work the nurse accomplished gained the parent's consent to an operation. The results obtained in two such cases alone are worth the salary of a nurse for a year.

As this paper deals with the method of work of the nurse, I shall not go into the results obtained. A thorough card index system permits the systematic following of each case to a cure. The use of these cards can be best understood by glancing at the accompanying cuts of some of the printed cards and circulars used in our city. The results obtained, with little friction among the doctor, nurse, the parent, and school teachers, are the best evidence of the success of our system. In conclusion, I desire to extend my appreciation of the services of Miss Anna L. Stanley, the trained nurse loaned by the "Visiting Nurse Society," who has worked energetically from the beginning, and brought the work to its present standard.

PREPARATION FOR AN OPERATION IN THE COUNTRY

BY ESTELLA B. CRAWFORD

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THE first operation in which I assisted in the country was an appendectomy, done under serious disadvantages to the surgeon, but resulting favorably.

The lightest room in this very small country house was the dining-room, fortunately situated next to the kitchen, and heated with a large, base-burner stove. The furniture was all removed, the wall wiped down, and the floor and window—there was only one—scrubbed. The lower glass of the window was smeared with sapolio, for use instead of a curtain. An operating-board, the shape of an ironing-board, only broader, had been a thought of the doctor when first undertaking this work in homes. This was usually placed on the backs of two straight chairs, but the chairs in this house not being high enough, two barrels from the store-room were substituted. The operating-board was made comfortable for the patient by a thick old comforter, protected by a rubber sheet, and with a clean white sheet pinned securely around. It not being necessary to place the patient in the lithotomy or Trendelenburg's position, no substitutes for the modern operating-table were neces-